The University of the State of New York THE STATE EDUCATION DEPARTMENT (see instructions for mailing address)

PROPOSED BUDGET FOR A FEDERAL OR STATE PROJECT FS-10 (03/15)

	Local A	Agency Information	
Funding Source:	IDEA – ARP Section 619	9	
Report Prepared By:	Allison Sucharzewski		
Agency Name:	Willsboro Central School District		
Mailing Address:	PO Box 180 – 29 School Lane		
	Street Willsboro	NY	12996-0180
	City	State	Zip Code
1	518-963-8831 ext. 208	County: Essex	
Project Operation Da	, ,	2021 9 /	30 / 2023 End

INSTRUCTIONS

- Submit the original budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to the Grants Finance.
- Enter whole dollar amounts only.
- Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
 - Personnel positions, number and type
 - Equipment items having a unit value of \$5,000 or more, number and type
 - Minor remodeling
 - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
 - Any increase in the total budget amount.
- Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- High quality computer generated reproductions of this form may be used.
- For further information on budgeting, please refer to the <u>Fiscal Guidelines for Federal and State Aided Grants</u> which may be accessed at www.oms.nysed.gov/cafe/ or call Grants Finance at (518) 474-4815.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
CPSE Chairperson Stipend	0.0134	\$81,663	\$1,094
		Subtotal - Code 15	\$1,094

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Subtotal - Code 16

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Approved Special Education Program Services	Children's Development Group for Speech, OT PT and Psychological Services, PLLC	1 student @ \$328	\$328
Approved Special Education Program Services	Mountain Lake Services	1 students @ \$109 for related services	\$109
	I	Subtotal - Code 40	\$437

SUPPLIES AND MATERIALS: Code 45

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal - Code 45	

TRAVEL EXPENSES: Code 46

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
	-	Subtotal - Code 46	

EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

	Benefit	Proposed Expenditure
Social Security	English of the second second second	
	New York State Teachers	
Retirement	New York State Employees	m
	Other	
Health Insurance		
Worker's Compensa	tion	
Unemployment Insur	rance	
Other (Identify)		
	Subtotal – Code 80	

INDIRECT COST: Code 90

A.	Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)		\$	(A)
B.	3. Approved Restricted Indirect Cost Rate		%	(B)
C.	(A) x (B) = Total Indirect Cost	Subtotal – Code 90	\$	(C)

PURCHASED SERVICES WITH BOCES: Code 49

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
		211. 2.1.40	
		Subtotal – Code 49	

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
	Subtotal – Code 30	

EQUIPMENT: Code 20

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		Subtotal – Code 20	

BUDGET SUMMARY

Name and Title of Chief Administrative Officer

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SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$1,094
Support Staff Salaries	16	
Purchased Services	40	\$437
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
(Grand Total	\$1,531

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

6 /4ン /2> Date

Signature

Justin Gardner, School Superintendent

Agency	4 0 0 0 0
Project #: (If pre-assigned) 5 5 3 3 2	2 0 2 5 7
Contract #:	
Federal Employer ID #: (New non-municipal agencies only)	
Agency Name: Willsboro Central School	District
FOR DEPARTMENT US	E ONLY
Funding Dates:// From Program Approval:	
Fiscal Year Amount Budgeted	
-	-
Voucher #	First Payment